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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-31132.1
First Named Inventor or Application Identifier	
Chris D. Atkins et al.	
Title	Error Reduction In Semiconductor Processes
Express Mail Label No.	EV 334467299 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/>	Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	[Total Pages] <input type="text" value="13"/>	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
	- Descriptive title of the Invention		a. <input type="checkbox"/> Computer Readable Copy
	- Cross References to Related Applications		b. <input type="checkbox"/> Paper Copy (identical to computer copy)
	- Statement Regarding Fed sponsored R&D		c. <input type="checkbox"/> Statement verifying identical of above copies
	- Reference to Microfiche Appendix		
	- Background of the Invention		
	- Brief Summary of the Invention		
	- Brief Description of the Drawings (if filed)		
	- Detailed Description		
	- Claim(s)		
	- Abstract of the Disclosure		
3. <input checked="" type="checkbox"/>	Drawing(s) (35 USC d113) FORMALS	[Total Sheets] <input type="text" value="10"/>	8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))
4. <input type="checkbox"/>	Oath or Declaration	[Total Pages] <input type="text" value="1"/>	9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
a. <input type="checkbox"/>	Newly Executed (original or copy)		10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input checked="" type="checkbox"/>	Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
[Note Box 5 below]			
i. <input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).		12. <input checked="" type="checkbox"/> Preliminary Amendment
5. <input checked="" type="checkbox"/>	Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<i>*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</i>			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:			
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>09/972,497, filed 10/05/2001</u> .			
Prior application information: Examiner <u>Andre C. Stevenson</u> Group / Art Unit: <u>2812</u>			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23494 or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
NAME	MICHAEL K. SKREHOT Texas Instruments Incorporated		
ADDRESS	Mail Station 3999 P. O. Box 655474		
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Name (Print/Type)		Registration No. (Attorney/Agent) 36,682	
Signature		Date 8-4-03	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

22151 U.S.P.T.O.
2008/04/03

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FEET TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT

(\$ 750.00)

Complete If Known

Application Number	TBD
Filing Date	Herewith
First Named Inventor	Chris D. Atkins n, et al.
Examiner Name	TBD
Group / Art Unit	TBD

Attorney Docket No. TI-31132.1

METHOD OF PAYMENT1. The Commissioner is hereby authorized to charge to the following Deposit Account.Deposit Account Number **20-0668**Deposit Account Name **Texas Instruments Incorporated** Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment2. Payment Enclosed: Check Money Order Other**FEET CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	\$750
106	330	206	165	Design filing fee	\$
107	540	207	270	Plant filing fee	\$
108	790	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)					(\$750)

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	5	-20** =	0 x 18 =	0
Independent Claims	1	-3** =	0 x 84 =	0
Multiple Dependent			280 =	0

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent Claims in excess of 3
104	280	204	135	Multiple dependent claims in excess of 3
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$ 0)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

Customer Number: 23494

Reg. Number 36,682

Deposit Account User ID

SUBMITTED BY

Typed or Printed Name

Signature

MICHAEL K. SKREHOT



Date 8-4-03